PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA90087858

OUTFALL NO.
001

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	2.0							mg/l				
b. Chemical Oxygen Demand (*COD*)	10.0							mg/l				
c. Total Organic Carbon (*TOC*)								mg/l				
d. Total Suspended Solids (*TSS*)	8.5							mg/l				
e. Ammonia (*as N*)								mg/l				
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.32	MAXIMUM 8.32	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)	X		0.44						1	mg/l				

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)	X		1.0						1	mg/l				
h. Oil and Grease	X		5.0						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)	X		0.10						1	mg/l				
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA9008758	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloro-ethane (71-55-6)			X												
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)			X												
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (*as Azobenzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B Hexachloroethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
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CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA90087858

OUTFALL NO.
002

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	2.0							mg/l				
b. Chemical Oxygen Demand (*COD*)	10.0							mg/l				
c. Total Organic Carbon (*TOC*)								mg/l				
d. Total Suspended Solids (*TSS*)	2.0							mg/l				
e. Ammonia (*as N*)								mg/l				
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.15	MAXIMUM 8.15	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)	X		0.94						1	mg/l				

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)	X		0.9						1	mg/l				
h. Oil and Grease	X		5.0						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)	X		0.10						1	mg/l				
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA9008758	002

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1: POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a.h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (*as Azobenzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B Hexachloroethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA90087858	002

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

S, Allen

Sunoco Partners Marketing & Terminals, L.P.
10315 Balls Ford Road
Manassas, VA 20109

Commonwealth of Virginia
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193

RE: Sunoco Partners Mkt & Term, LP-Manassas Terminal
VPDES Permit Renewal Application
Permit #VA0087858

To whom it may concern:

Enclosed, please find the VPDES permit renewal application for the above referenced facility. Please contact Marguerite Porrini (Environmental Specialist) at 610-368-0307 if you have any questions or require further information.

Sincerely,

John Humphreys
Terminal Manager

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F VA0087858 D

LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: Sunoco Partners Marketing & Terminals, L.P. - Manassas Terminal

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Humphreys, John D.	(703) 368-9055

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 10315 Balls Ford Road

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Manassas	VA	20109

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 same as v.

B. COUNTY NAME: Prince William

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4226 (specify) Petroluem Bulk Terminal for hire	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
Sunoco Partners Marketing & Terminals, L.P. - Manassas Terminal	☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*: A (703) 368-9055

E. STREET OR P.O. BOX: 10315 Balls Ford Road

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Manassas	VA	20109	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N VA0087858	9 P

B. UIC *(Underground Injection of Fluids)*	E. OTHER *(specify)*
9 U	9 (specify)

C. RCRA *(Hazardous Wastes)*	E. OTHER *(specify)*
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Petroleum Bulk Terminal for Hire

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
John D. Humphreys, Terminal Manager	John Humphreys	11/10/2014

COMMENTS FOR OFFICIAL USE ONLY

C

EPA Form 3510-1 (8-90)

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): VA0087858

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38	47	57	77	30	15	Bull Run, UT
002	38	47	57	77	30	15	Bull Run, UT
101	38	47	57	77	30	15	Bull Run, UT

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Stormwater from Tank Farm Dike Area	250,000 gallons per storm even		4-A	
002	Stormwater from Tank Dike Area	250,000 gallons per storm even		4-A	
101	Hydrostatic Tank Test Water	2,000,000 per event		4-A	1-F

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☑ YES (*complete the following table*) ☐ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(s) CONTRIBUTING FLOW (*list*)	3. FREQUENCY a. DAYS PER WEEK (*specify average*)	3. FREQUENCY b. MONTHS PER YEAR (*specify average*)	4. FLOW A. FLOW RATE (*in mgd*) 1. LONG TERM AVERAGE	4. FLOW A. FLOW RATE (*in mgd*) 2. MAXIMUM DAILY	4. FLOW B. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW B. TOTAL VOLUME (*specify with units*) 2. MAXIMUM DAILY	C. DURATION (*in days*)
101	Hydrostatic tank testing is required by state regulations. Expected to occur 1-5 times/ 5 years		1		1,000			5-6

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (*complete Item III-B*) ☑ NO (*go to Section IV*)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (*or other measure of operation*)?

☐ YES (*complete Item III-C*) ☑ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (*specify*)	2. AFFECTED OUTFALLS (*list outfall numbers*)

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (*complete the following table*) ☑ NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA0087858

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
storwater discharge only			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (*list all such pollutants below*) ☑ NO (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☑ YES (*identify the test(s) and describe their purposes below*) ☐ NO (*go to Section VIII*)

annual acute toxicity testing has been completed for Outfall 002 and sent to VADEQ every year for the past 5 years as required by the current VPDES Permit. (48-hour Static Acute test using C. Dbia)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☑ YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
James R. Reed & Associates	770 Pilot House Drive, Newport News, VA 23606	757-873-1498	annual toxicity testing TPH, SS

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
John D. Humphreys, Terminal Manager	(703) 368-9055
C. SIGNATURE	D. DATE SIGNED
John Humphreys	11/10/2014

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA90087858

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO.

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (*specify if blank*)		4. INTAKE (*optional*)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (*BOD*)												
b. Chemical Oxygen Demand (*COD*)												
c. Total Organic Carbon (*TOC*)												
d. Total Suspended Solids (*TSS*)												
e. Ammonia (*as N*)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)														
b. Chlorine, Total Residual														
c. Color														
d. Fecal Coliform														
e. Fluoride (16984-48-8)														
f. Nitrate-Nitrite (*as N*)														

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE *(optional)*		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)														
h. Oil and Grease														
i. Phosphorus (as P), Total (7723-14-0)														
j. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium, Total														
(4) Radium 226, Total														
k. Sulfate (*as SO_4*) (14808-79-8)														
l. Sulfide (*as S*)														
m. Sulfite (*as SO_3*) (14265-45-3)														
n. Surfactants														
o. Aluminum, Total (7429-90-5)														
p. Barium, Total (7440-39-3)														
q. Boron, Total (7440-42-8)														
r. Cobalt, Total (7440-48-4)														
s. Iron, Total (7439-89-6)														
t. Magnesium, Total (7439-95-4)														
u. Molybdenum, Total (7439-98-7)														
v. Manganese, Total (7439-96-5)														
w. Tin, Total (7440-31-5)														
x. Titanium, Total (7440-32-6)														

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)															
2M. Arsenic, Total (7440-38-2)															
3M. Beryllium, Total (7440-41-7)															
4M. Cadmium, Total (7440-43-9)															
5M. Chromium, Total (7440-47-3)															
6M. Copper, Total (7440-50-8)															
7M. Lead, Total (7439-92-1)															
8M. Mercury, Total (7439-97-6)															
9M. Nickel, Total (7440-02-0)															
10M. Selenium, Total (7782-49-2)															
11M. Silver, Total (7440-22-4)															
12M. Thallium, Total (7440-28-0)															
13M. Zinc, Total (7440-66-6)															
14M. Cyanide, Total (57-12-5)															
15M. Phenols, Total															
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)				DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
4V. Bis (*Chloro-methyl*) Ether (542-88-1)															
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chlorobenzene (108-90-7)															
8V. Chlorodi-bromomethane (124-48-1)															
9V. Chloroethane (75-00-3)															
10V. 2-Chloro-ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro-bromomethane (75-27-4)															
13V. Dichloro-difluoromethane (75-71-8)															
14V. 1,1-Dichloro-ethane (75-34-3)															
15V. 1,2-Dichloro-ethane (107-06-2)															
16V. 1,1-Dichloro-ethylene (75-35-4)															
17V. 1,2-Dichloro-propane (78-87-5)															
18V. 1,3-Dichloro-propylene (542-75-6)															
19V. Ethylbenzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															
21V. Methyl Chloride (74-87-3)															

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)															
23V. 1,1,2,2-Tetrachloroethane (79-34-5)															
24V. Tetrachloro-ethylene (127-18-4)															
25V. Toluene (108-88-3)															
26V. 1,2-Trans-Dichloroethylene (156-60-5)															
27V. 1,1,1-Trichloro-ethane (71-55-6)															
28V. 1,1,2-Trichloro-ethane (79-00-5)															
29V Trichloro-ethylene (79-01-6)															
30V. Trichloro-fluoromethane (75-69-4)															
31V. Vinyl Chloride (75-01-4)															
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)															
2A. 2,4-Dichloro-phenol (120-83-2)															
3A. 2,4-Dimethyl-phenol (105-67-9)															
4A. 4,6-Dinitro-O-Cresol (534-52-1)															
5A. 2,4-Dinitro-phenol (51-28-5)															
6A. 2-Nitrophenol (88-75-5)															
7A. 4-Nitrophenol (100-02-7)															
8A. P-Chloro-M-Cresol (59-50-7)															
9A. Pentachloro-phenol (87-86-5)															
10A. Phenol (108-95-2)															
11A. 2,4,6-Trichloro-phenol (88-05-2)															

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)															
2B. Acenaphtylene (208-96-8)															
3B. Anthracene (120-12-7)															
4B. Benzidine (92-87-5)															
5B. Benzo (*a*) Anthracene (56-55-3)															
6B. Benzo (*a*) Pyrene (50-32-8)															
7B. 3,4-Benzo-fluoranthene (205-99-2)															
8B. Benzo (*ghi*) Perylene (191-24-2)															
9B. Benzo (*k*) Fluoranthene (207-08-9)															
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)															
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)															
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)															
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)															
14B. 4-Bromophenyl Phenyl Ether (101-55-3)															
15B. Butyl Benzyl Phthalate (85-68-7)															
16B. 2-Chloro-naphthalene (91-58-7)															
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)															
18B. Chrysene (218-01-9)															
19B. Dibenzo (*a,h*) Anthracene (53-70-3)															
20B. 1,2-Dichloro-benzene (95-50-1)															
21B. 1,3-Di-chloro-benzene (541-73-1)															

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichloro-benzene (106-46-7)															
23B. 3,3-Dichloro-benzidine (91-94-1)															
24B. Diethyl Phthalate (84-66-2)															
25B. Dimethyl Phthalate (131 -11-3)															
26B. Di-N-Butyl Phthalate (84-74-2)															
27B. 2,4-Dinitro-toluene (121-14-2)															
28B. 2,6-Dinitro-toluene (606-20-2)															
29B. Di-N-Octyl Phthalate (117-84-0)															
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)															
31B. Fluoranthene (206-44-0)															
32B. Fluorene (86-73-7)															
33B. Hexachloro-benzene (118-74-1)															
34B. Hexachloro-butadiene (87-68-3)															
35B. Hexachloro-cyclopentadiene (77-47-4)															
36B Hexachloro-ethane (67-72-1)															
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)															
38B. Isophorone (78-59-1)															
39B. Naphthalene (91-20-3)															
40B. Nitrobenzene (98-95-3)															
41B. N-Nitro-sodimethylamine (62-75-9)															
42B. N-Nitrosodi-N-Propylamine (621-64-7)															

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitrosodiphenylamine (86-30-6)															
44B. Phenanthrene (85-01-8)															
45B. Pyrene (129-00-0)															
46B. 1,2,4-Trichlorobenzene (120-82-1)															
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)															
2P. α-BHC (319-84-6)															
3P. β-BHC (319-85-7)															
4P. γ-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Enosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)															
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)															
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
VAR000015883

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM 2F NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
001	38	47	57	77	30	15	Bull Run, UT
002	38	47	57	77	30	15	Bull Run, UT
101	38	47	57	77	30	15	Bull Run, UT

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
none					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
001		43,200 sq ft	002		115,200 sq ft

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Outfall 001 - Dike storage (secondary containment) for 2 petroleum storage tanks

Outfall 002 - Dike storage (secondary containment) for 7 petroleum storage tanks

Outfall 101 - discharge of tank hydrostatic test water (testing of water prior to discharge)

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001, 002	discharge is stormwater only	4-A
101	sampling of tank hydrostatic test water is conducted prior to discharging	2-E if required

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title *(type or print)*	Signature	Date Signed
John D. Humphreys	John Humphreys	11/10/14

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Dike discharge valves are closed and locked at all times. Discharge of stormwater occurs only if there is no visible sheen present, and only during manned working hours. Quarterly sampling of outfalls 001 and 002 is conducted as required by VPDES VA0087858

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

none

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☑ Yes (*list all such pollutants below*) ☐ No (*go to Section IX*)

Outfall 001 - Benzene, ethylbenzene, and tolune are components of gasoline and diesel stored in the tanks.

Outfall 002 - Benzene, ethylbenzene, and tolune are components of gasoline and diesel stored in the tanks.

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☑ Yes (*list all such pollutants below*) ☐ No (*go to Section IX*)

Outfall 002 - 48 hour static acute testing using C. Dbia is conducted annually and the results are submitted to VDEQ as requred by VPDES VA0087858

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☑ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Reed and Assoc.	770 Pilot House Drive, Newport News, VA 23606	757-873-4703	All Attachment A Pollutants

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
JOHN HUMPHREYS	703-969-7668
C. Signature	D. Date Signed
John Humphreys	11/10/14

EPA ID Number (*copy from Item 1 of Form 1*)
outfall 001

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (*if available*)	Maximum Values (*include units*)		Average Values (*include units*)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l		1	Outfall 001
Biological Oxygen Demand (BOD5)	<2.0 mg/l	N/A	<2.0 mg/l		1	Outfall 001
Chemical Oxygen Demand (COD)	<10.0 mg/l	N/A	<10.0 mg/l		1	Outfall 001
Total Suspended Solids (TSS)	8.5 mg/l	N/A	8.5 mg/l		1	Outfall 001
Total Nitrogen	1.0 mg/l	N/A	1.0 mg/l		1	Outfall 001
Total Phosphorus	<0.10 mg/l	N/A	<0.10 mg/l		1	Outfall 001
pH	Minimum 8.32	Maximum 8.32	Minimum 8.32	Maximum 8.32	1	Outfall 001

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (*if available*)	Maximum Values (*include units*)		Average Values (*include units*)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*

7. Provide a description of the method of flow measurement or estimate.

Stomwater is drained for the dike areas as needed. The discharge of the stormwater does not directly correspond with actual events.

EPA ID Number (*copy from Item 1 of Form 1*) outfall 002

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l		1	Outfall 002
Biological Oxygen Demand (BOD5)	4.0 mg/l	N/A	4.0 mg/l		1	Outfall 002
Chemical Oxygen Demand (COD)	<10.0 mg/l	N/A	<10.0 mg/l		1	Outfall 002
Total Suspended Solids (TSS)	2.0 mg/l	N/A	2.0 mg/l		1	Outfall 002
Total Nitrogen	0.9 mg/l	N/A	0.9 mg/l		1	Outfall 002
Total Phosphorus	<0.10 mg/l	N/A	<0.10 mg/l		1	Outfall 002
pH	Minimum 8.15	Maximum 8.15	Minimum 8.15	Maximum 8.15	1	Outfall 002

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*

7. Provide a description of the method of flow measurement or estimate.

Stomwater is drained for the dike areas as needed. The discharge of the stormwater does not directly correspond with actual events.

REPORT OF RESULTS

CLIENT: Sunoco Logistics Partners L.P.
ATTN: John Humphreys
ADDRESS: 10315 Balls Ford Road
Manassas, VA 20109
PHONE: (703) 368-9055
FAX: (866) 273-4520

Special Notes:
RE: PERMIT APPLICATION - FORM 2C

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 10/20/2014 Time: 1004
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: FEDEX
SAMPLE RECEIPT:
Date: 10/21/2014 Time: 0920
NUMBER OF CONTAINERS: 5
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 14-15963 9:41

SAMPLE ID: OUTFALL 001
SAMPLE NO: 14-15963

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	PRM	10/23/14	1500
BOD5	**5210B	2	<2	mg/L	JW	10/21/14	1300
COD	HAC8000	10	< 10	mg/L	AME	10/28/14	0923
Total Nitrogen	351.2/353.2	0.5	1.0	mg/L	ARC	10/27/14	1239
Total Kjeldahl Nitrogen	351.2	0.50	0.52	mg/L	PEJ	10/24/14	1544
Nitrate/Nitrite	353.2	0.05	0.44	mg/L	ARC	10/27/14	1018
Total Phosphorus	365.1	0.10	< 0.10	mg/L	AME	10/23/14	1105
TSS	*2540D	1.0	8.5	mg/L	JMS	10/21/14	1610

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 1997, **SM 2001, COD - HACH

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 29-Oct-14

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Sunoco Logistics Partners L.P.
ATTN: John Humphreys
ADDRESS: 10315 Balls Ford Road
Manassas, VA 20109
PHONE: (703) 368-9055
FAX: (866) 273-4520

Special Notes:
RE: PERMIT APPLICATION - FORM 2C

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 10/20/2014 Time: 1009
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: FEDEX
SAMPLE RECEIPT:
Date: 10/21/2014 Time: 0920
NUMBER OF CONTAINERS: 5
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 14-15964 10:00

SAMPLE ID: OUTFALL 002
SAMPLE NO: 14-15964

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	PRM	10/23/14	1500
BOD5	**5210B	2	4	mg/L	JW	10/21/14	1300
COD	HAC8000	10	< 10	mg/L	AME	10/28/14	0923
Total Nitrogen	351.2/353.2	0.5	0.9	mg/L	ARC	10/27/14	1239
Total Kjeldahl Nitrogen	351.2	0.50	< 0.50	mg/L	PEJ	10/24/14	1544
Nitrate/Nitrite	353.2	0.05	0.94	mg/L	ARC	10/27/14	1018
Total Phosphorus	365.1	0.10	< 0.10	mg/L	AME	10/23/14	1105
TSS	*2540D	1.0	2	mg/L	JMS	10/21/14	1610

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 1997, **SM 2001, COD - HACH

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 29-Oct-14

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: Sunoco Logistics
Company Contact: John Humphreys Telephone: 703-368-9055
Results To: John Humphreys Fax: 866-273-4520
Address: 10315 Balls Ford Road
Manassas, VA 20109
Project ID: Permit Application - Form 2C

											ANALYSES REQUESTED												
Bottle ID	A1-2	B	C	D																			
Preserv.	1,3	1	1,3	1																			
JRA ID #14	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Oil & Grease	BOD	COD, Total Nitrogen, Phosphorus	TSS											
15963	EFF	Outfall 001					10/20/14	10:04	5	X	X	X	X											
15964	EFF	Outfall 002					10/20/14	10:07	5	X	X	X	X											

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Dan Twele Date/Time: 10/20/14 10:04
Relinquished By: Dan Twele Date/Time: 10/20/14 12:10
Received By: SHIP VIA FEDEX Date/Time: 10/20/14
Relinquished By: Date/Time:
Received By: Date/Time: 10-21-14 @ 0920

___for Compliance
___Not for Compliance

Preservatives:
1 = <6°C 6 = $Na_2S_2O_3$ + HCl 10=Ascorbic Acid + HCl
2 = HNO_3 7 = NaOH + ZnOAc 11=HCl
3 = H_2SO_4 8 = H_2SO_4 + FAS 12=Zinc Acetate + NaOH
4 = NaOH 9 = NH_4Cl
5 = $Na_2S_2O_3$

BOD - 48 Hour Holding Time

001
FIELD TEST PH = 8.32
FIELD TEST TEMP = 12.2°C

002
FIELD TEST PH = 8.15
FIELD TEST TEMP = 11.1°C

Arrival Temp: 33 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

James R. Reed & Associates

Environmental Testing

770 Pilot House Drive • Newport News, Virginia 23606
(757) 873-4703 • Fax 873-1498

REMINDER: FINAL REPORT ATTACHED. NO COPY WILL BE MAILED.

If you would prefer to receive email instead of fax please send email info. to address below.

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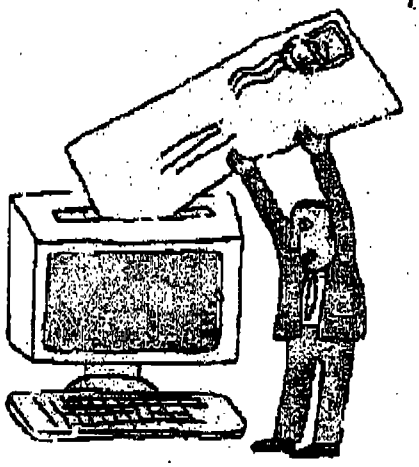


I am pleased to announce that you can receive reports from us by e-mail. **Starting September 1, 2014** we will send your final reports as e-mail attachments in PDF (Portable Document Format). You can then save, print, forward or fax report as needed. By not issuing hard copies, it helps us meet our sustainability goals and reduces cost.

We can email **(no mailed copy)** your reports (including COC, etc.) as soon as you provide the email address. If you are currently receiving faxed reports we will continue **(no mailed copy)** until an email address is provided. Please send email address to Jeanette @ **jreedlady@jrreed.com** (one email per customer).

If you have any questions about the service or your needs are different, do not hesitate to give us a call.

James R. Reed & Associates, Inc. 770 Pilot House Drive, Newport News, VA 23606

VPDES PERMIT APPLICATION ADDENDUM

1. **Entity to whom the permit is to be issued:** JOHN HUMPHREYS
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** NO

3. **Please provide the tax map parcel number for the land where the discharge is located:** 7697-65-7482

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0**

5. **What is the design average flow of this facility in million gallons per day (MGD)? _____(MGD) For industrial facilities, provide the maximum 30-day average production level, include units:** N/A-Discharge is stormwater only.

6. **In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** NO
   If yes, please identify the other flow tiers in MGD: _____
   Please consider the following as you answer the questions in #5 above for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

7. **Nature of operations generating wastewater:** N/A, discharge is stormwater only.

   ___0___% of flow from domestic connections/sources

   Number of private residences to be served by the treatment works:_____

   ___0___% of flow from non-domestic connections/sources

8. **Mode of discharge:** _____ Continuous _____ Intermittent _____ Seasonal

   Describe frequency and duration of intermittent and seasonal discharges: _____

   _____

9. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point(s):**

Stream Characteristic	Outfall Number						
	001	002					
Permanent stream, never dry							
Intermittent stream, usually flowing, sometimes dry							
Ephemeral stream, wet-weather flow, often dry							
Effluent-dependent stream, usually or always dry	X	X					
Lake or pond at or below discharge point							
Other:							

10. **Approval date(s), if applicable:**

    O & M Manual 2006 **Sludge/Solids Management Plan** _____

Have there been changes in your operation or procedures since the above approval dates? NO

11. **Privately Owned Treatment Works:** If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

12. **Please provide a list of Materials stored at the facility. Please complete the table below or attach another page if more room is necessary.**

Material Storage		
Materials Description	Volume Stored	Spill/Stormwater Prevention Measures
Gasoline/Additives	Approx. 11,900,00 gals	Secondary containment, daily facility walk around inspections, training of personnel, prompt repair of equipment and spill cleanup.
Distillate	Approx. 2,300,000 gals	Secondary containment, daily facility walk around inspections, training of personnel, prompt repair of equipment and spill cleanup.
Ethanol	Approx. 675,000 gals	Secondary containment, daily facility walk around inspections, training of personnel, prompt repair of equipment and spill cleanup.

13. **Please provide the name and email addresses for personnel who will be involved with the reissuance of the VPDES permit:**

Name	Title	E-mail Address
JOHN HUMPHREYS	TERMINAL MANAGER	Jdhumphreys@sunocologistics.com
MARGUERITE PORRINI	ENVIRONMENTAL SPECIALIST	Maporrini@sunocologistics.com

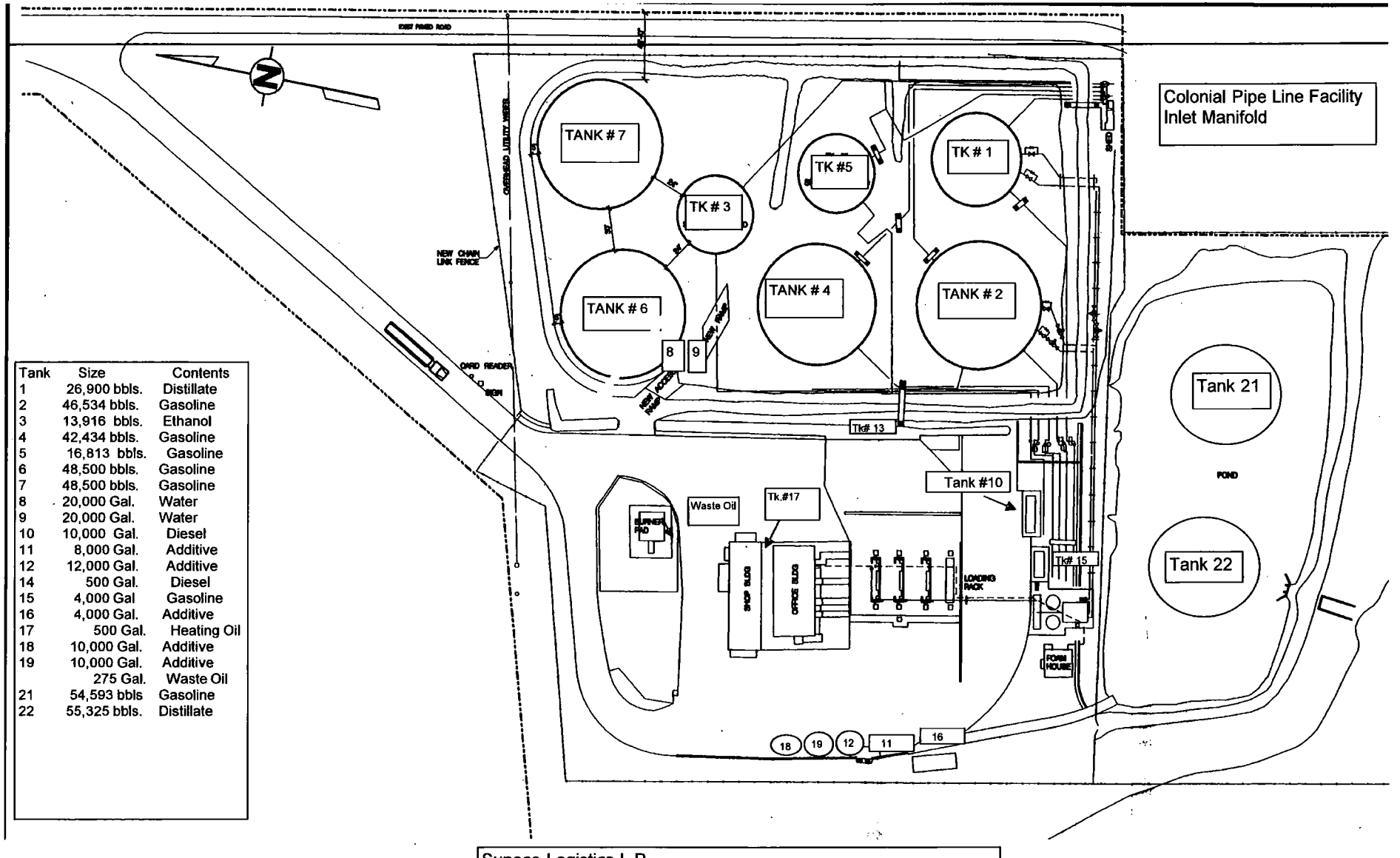
14. **Consent to receive Electronic Mail**

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

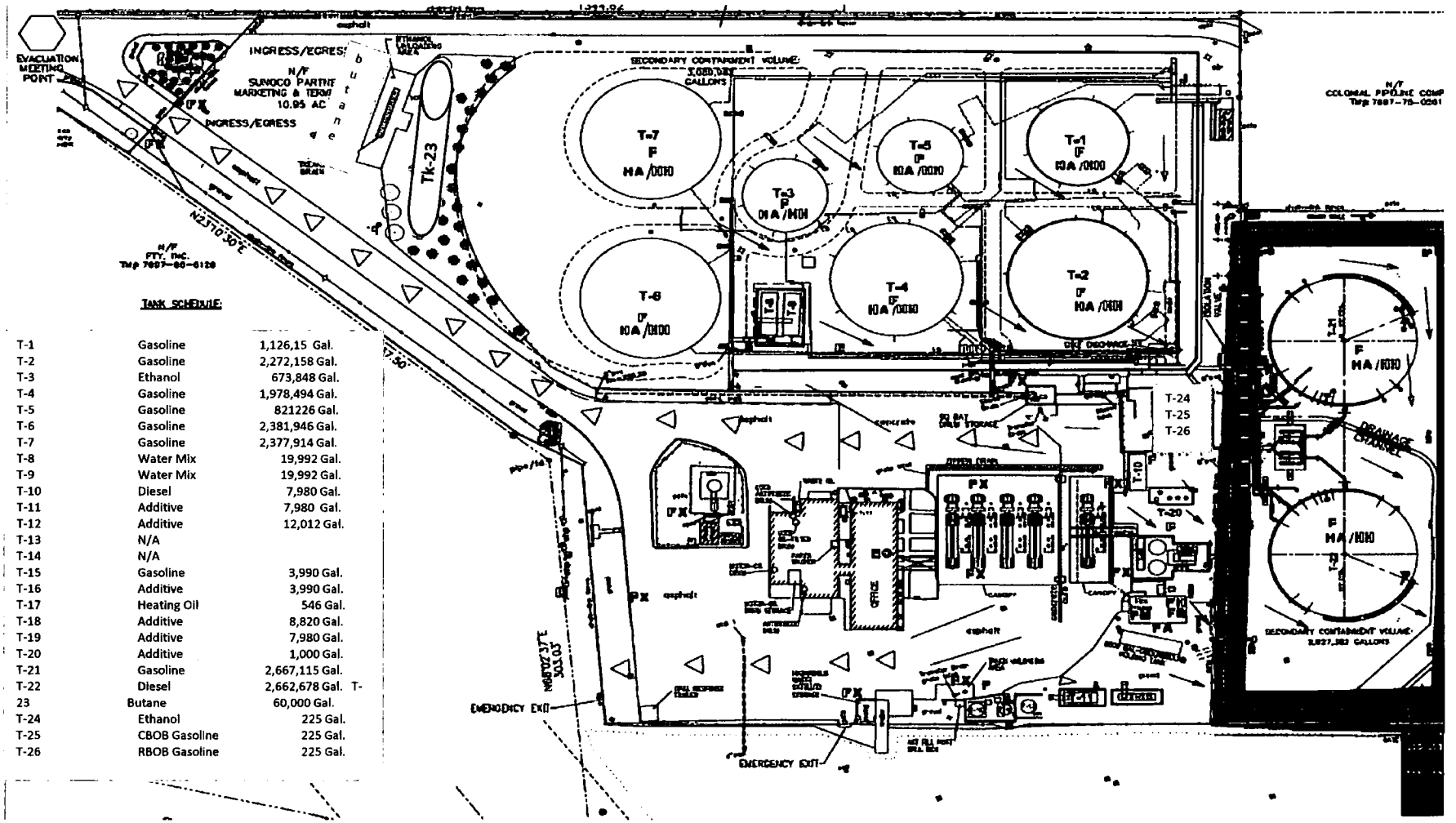
If yes, provide email: Jdhumphreys@sunocologistics.com

☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.



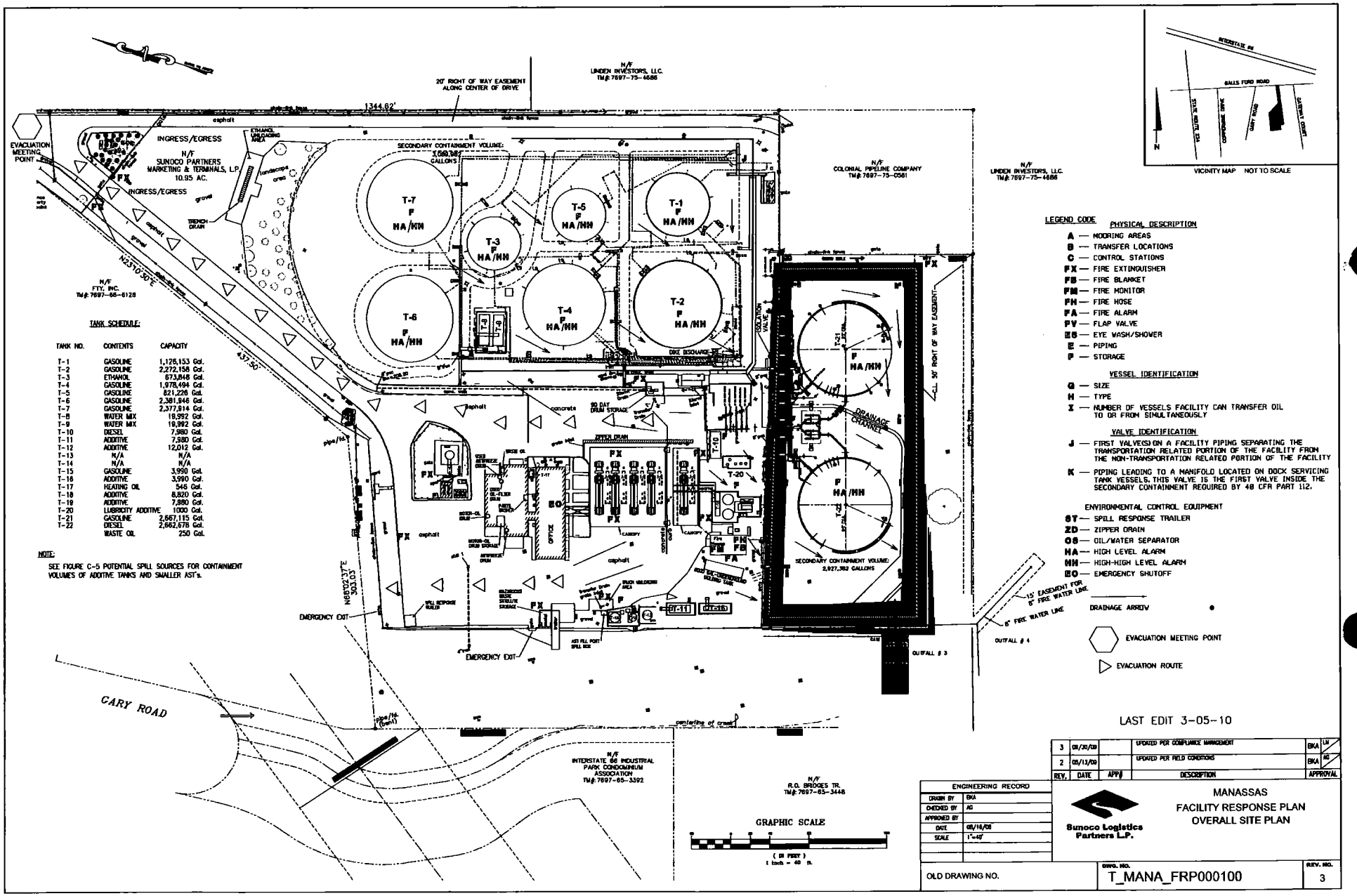
Tank	Size	Contents
1	26,900 bbls.	Distillate
2	46,534 bbls.	Gasoline
3	13,916 bbls.	Ethanol
4	42,434 bbls.	Gasoline
5	16,813 bbls.	Gasoline
6	48,500 bbls.	Gasoline
7	48,500 bbls.	Gasoline
8	20,000 Gal.	Water
9	20,000 Gal.	Water
10	10,000 Gal.	Diesel
11	8,000 Gal.	Additive
12	12,000 Gal.	Additive
14	500 Gal.	Diesel
15	4,000 Gal	Gasoline
16	4,000 Gal.	Additive
17	500 Gal.	Heating Oil
18	10,000 Gal.	Additive
19	10,000 Gal.	Additive
	275 Gal.	Waste Oil
21	54,593 bbls	Gasoline
22	55,325 bbls.	Distillate

Sunoco Logistics L.P.
10315 Balls Ford Road
Manassas, Va. 20109



TANK SCHEDULE:

T-1	Gasoline	1,126,15 Gal.
T-2	Gasoline	2,272,158 Gal.
T-3	Ethanol	673,848 Gal.
T-4	Gasoline	1,978,494 Gal.
T-5	Gasoline	821226 Gal.
T-6	Gasoline	2,381,946 Gal.
T-7	Gasoline	2,377,914 Gal.
T-8	Water Mix	19,992 Gal.
T-9	Water Mix	19,992 Gal.
T-10	Diesel	7,980 Gal.
T-11	Additive	7,980 Gal.
T-12	Additive	12,012 Gal.
T-13	N/A	
T-14	N/A	
T-15	Gasoline	3,990 Gal.
T-16	Additive	3,990 Gal.
T-17	Heating Oil	546 Gal.
T-18	Additive	8,820 Gal.
T-19	Additive	7,980 Gal.
T-20	Additive	1,000 Gal.
T-21	Gasoline	2,667,115 Gal.
T-22	Diesel	2,662,678 Gal.
T-23	Butane	60,000 Gal.
T-24	Ethanol	225 Gal.
T-25	CBOB Gasoline	225 Gal.
T-26	RBOB Gasoline	225 Gal.



TANK SCHEDULE:

TANK NO.	CONTENTS	CAPACITY
T-1	GASOLINE	1,126,153 Gal.
T-2	GASOLINE	2,272,158 Gal.
T-3	ETHANOL	673,848 Gal.
T-4	GASOLINE	1,978,494 Gal.
T-5	GASOLINE	821,226 Gal.
T-6	GASOLINE	2,381,846 Gal.
T-7	GASOLINE	2,377,814 Gal.
T-8	WATER MIX	18,992 Gal.
T-9	WATER MIX	19,992 Gal.
T-10	DIESEL	7,980 Gal.
T-11	ADDITIVE	7,980 Gal.
T-12	ADDITIVE	12,012 Gal.
T-13	N/A	N/A
T-14	N/A	N/A
T-15	GASOLINE	3,990 Gal.
T-16	ADDITIVE	3,990 Gal.
T-17	HEATING OIL	546 Gal.
T-18	ADDITIVE	8,820 Gal.
T-19	ADDITIVE	7,980 Gal.
T-20	LUBRICITY ADDITIVE	1000 Gal.
T-21	GASOLINE	2,667,115 Gal.
T-22	DIESEL	2,662,678 Gal.
	WASTE OIL	250 Gal.

NOTE:

SEE FIGURE C-5 POTENTIAL SPILL SOURCES FOR CONTAINMENT VOLUMES OF ADDITIVE TANKS AND SMALLER AST's.

LEGEND CODE

PHYSICAL DESCRIPTION

- A — MOORING AREAS
- B — TRANSFER LOCATIONS
- C — CONTROL STATIONS
- FX — FIRE EXTINGUISHER
- FB — FIRE BLANKET
- FM — FIRE MONITOR
- FH — FIRE HOSE
- FA — FIRE ALARM
- FV — FLAP VALVE
- ES — EYE WASH/SHOWER
- E — PIPING
- F — STORAGE

VESSEL IDENTIFICATION

- Q — SIZE
- H — TYPE
- X — NUMBER OF VESSELS FACILITY CAN TRANSFER OIL TO OR FROM SIMULTANEOUSLY

VALVE IDENTIFICATION

- J — FIRST VALVE(S) ON A FACILITY PIPING SEPARATING THE TRANSPORTATION RELATED PORTION OF THE FACILITY FROM THE NON-TRANSPORTATION RELATED PORTION OF THE FACILITY
- K — PIPING LEADING TO A MANIFOLD LOCATED ON DOCK SERVICING TANK VESSELS. THIS VALVE IS THE FIRST VALVE INSIDE THE SECONDARY CONTAINMENT REQUIRED BY 40 CFR PART 112.

ENVIRONMENTAL CONTROL EQUIPMENT

- ST — SPILL RESPONSE TRAILER
- ZD — ZIPPER DRAIN
- OS — OIL/WATER SEPARATOR
- HA — HIGH LEVEL ALARM
- HH — HIGH-HIGH LEVEL ALARM
- EO — EMERGENCY SHUTOFF

DRAINAGE ARROW

EVACUATION MEETING POINT

EVACUATION ROUTE

LAST EDIT 3-05-10

REV.	DATE	APP'D	DESCRIPTION	APPROVAL
3	08/20/09		UPDATED PER COMPLIANCE MANAGEMENT	BKA LN
2	05/13/09		UPDATED PER FIELD CONDITIONS	BKA AG

ENGINEERING RECORD	
DRAWN BY	BKA
CHECKED BY	AG
APPROVED BY	
DATE	05/14/08
SCALE	1"=40'

Sunoco Logistics Partners L.P.

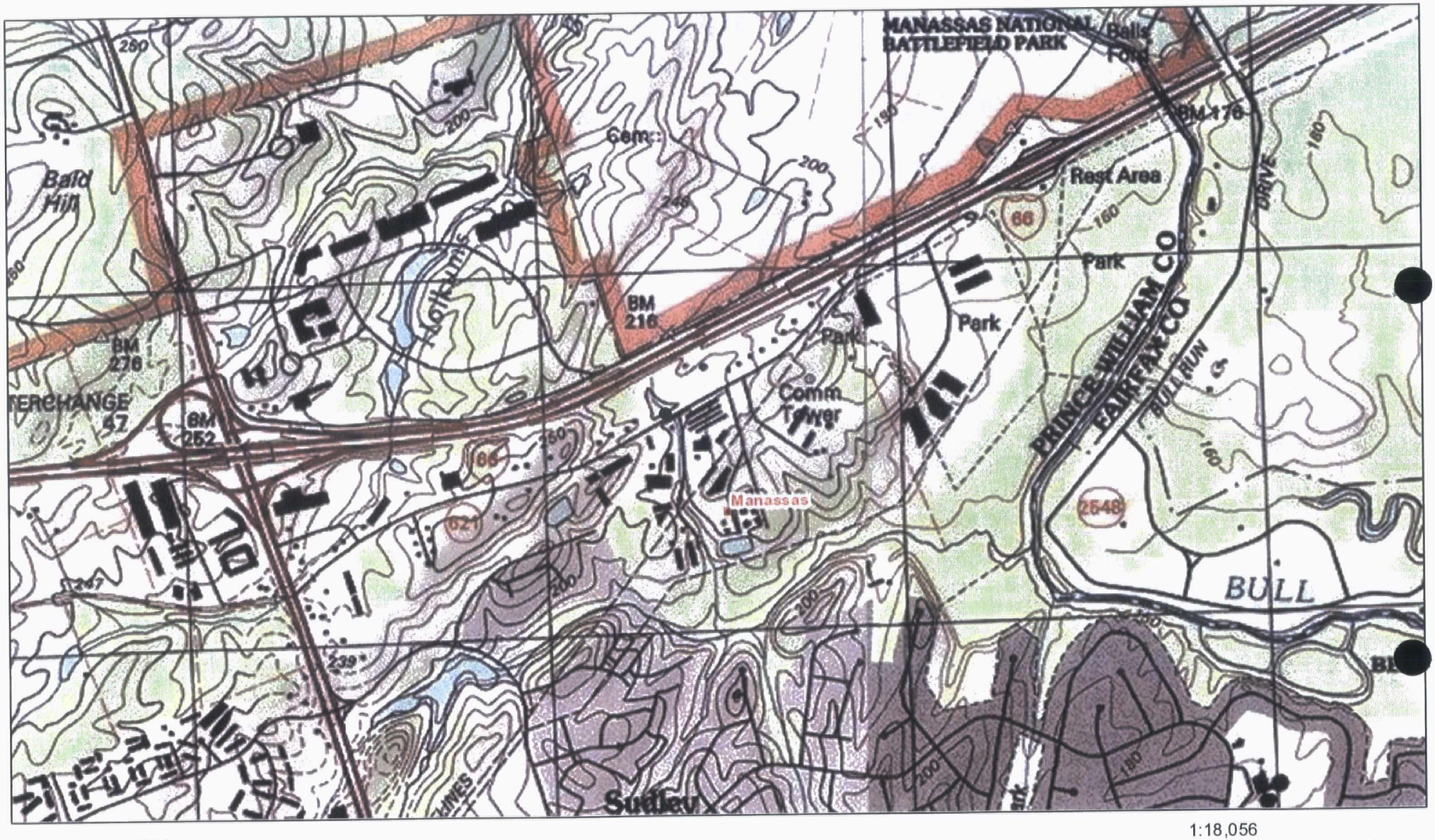
MANASSAS
FACILITY RESPONSE PLAN
OVERALL SITE PLAN

OLD DRAWING NO.

DWG. NO. T_MANA_FRP000100

REV. NO. 3

Manassas Terminal



November 25, 2014

- MyGraphicsLayer
- Pipeline Labels
- Facility Labels
- Valve

1:18,056

0 0.15 0.3 0.6 mi

0 0.25 0.5 1 km

Manassas Terminal

November 25, 2014

- MyGraphicsLayer
- Pipeline Labels
- Facility Labels
- Valve

1:4,514

0 0.0375 0.075 0.15 mi

0 0.05 0.1 0.2 km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PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Sunoco Partners Marketing & Terminals, LP

Owner: John Humphreys

Applicant's Address: 10315 Ballsford Road

Manassas VA 20109

Agent's Telephone Number: 703-368-9055

Authorizing Agent: John Humphreys
Signature

VPDES Permit No. VA0087858
Sunoco – Manassas Terminal

Please return to:

Douglas Frasier
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: 703-583-3821